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Leprosy and the Community

THE INTERNATIONAL YEAR OF THE CHILD AND WHO

The following summary appeared in the *WHO Chronicle* **33,** 3–6 (1979)—

1979 is the International Year of the Child (IYC), the general objectives of which are fully in line with one of the basic principles of WHO, as indicated in the preamble to the WHO Constitution, adopted in 1948. This states that "healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development". In addition, one of the main functions of the Organization is "the promotion of maternal and child health and welfare". The major emphasis in WHO's efforts in relation to the International Year of the Child will be to bring out the importance of investment in children and the interrelationships between child health, education and welfare, and socioeconomic development. In other words, the child is both a beneficiary of and a potential contributor to the development process.

A WHO Press Release WHO/9 of 22nd March, 1979 drew further attention to—

Focus on the Child in World Health Day Issue of *World Health*

Of the 125 million children born in 1978, twelve million—mostly in developing countries—are not likely to live to see their first birthday. Dr Halfdan Mahler, Director-General of WHO, reports this appalling figure in the February–March issue of *World Health*, which commemorates both the International Year of the Child and the World Health Day theme—"A healthy child, a sure future".

Dr Mahler states that over 80% of all children alive today live in developing countries, a majority of them in an environment characterized by malnutrition, infection, poor housing, lack of safe water and sanitation, and inadequate health care. He goes on: "Starting with such a serious disadvantage, most of these children have little chance of realizing their full economic and social potential. They will in turn give birth to another unhealthy generation, thus helping to perpetuate a vicious cycle".

Pointing out that World Health Day—8 April—this year will be an occasion to rouse the world's social conscience to the plight of millions of youngsters, Dr Mahler calls for a radical new approach, basing itself on primary health care and emphasizing the just distribution of health resources, to safeguard the health of today's children.

From the Institute of Child Health, 30 Guilford Street, London WC 1N 1EH (Adviser in Child Health; Dr David C. Morley, MD, FRCP), numerous publications have been issued on various aspects of preventive and curative health in children. The following is the full text of that dealing with—

"CHILD-to-Child in Leprosy Detection"

Reports come in from many parts of the world describing many different CHILD-to-child programmes. An unexpected, but we believe valuable, programme describing how leprosy education and leprosy detection can benefit from CHILD-to-child reached us from Pune, in the State of Maharashtra, India. Dr J. M. Mehta, Honorary Director of the Pune Urban Leprosy Investigation Centre, has set up an urban leprosy control programme, working through the schools and making use of the children as well as the teachers. Between April 1975 and June 1978 303 schools were covered and 146,618 children have been examined for early signs and symptoms of the disease. The following notes describe the programme and, in particular, the role that children can play in it.

In April 1975 an Urban Leprosy Control Programme was started in Pune, a metropolitan city in Maharashtra, India. The programme involves three activities:

(1) Survey
(2) Treatment
(3) Health education.

SURVEY

Surveys are carried out in all slum areas and all schools, primary and secondary. Between April 1975 and June 1978 a count of 173,966 children, boys and girls, was established and 303 schools were visited. A total of 146,000 children were physically examined.

SURVEY AND HEALTH EDUCATION

During surveys health education is carried out. Regular lectures are given to teachers, students, parents and other groups. These lectures are given in local language. Early signs and symptoms are explained in very simple terms and considerable use is made of audio-visual aids.

Health education also continues during physical examination. Brief mention is again made of early signs and symptoms to individual children and others present.

TREATMENT

Treatment is given in out-patient clinics. These have been established all over the city in easily accessible areas. It is important that no child has far to travel to receive treatment.

A lot of treatment is carried out through teachers. They bring their children to the treatment centres regularly. Every encouragement is given to the teachers to do this.

Separate clinics are conducted for school children. This prevents the mixing of early school cases with badly deformed and advanced adult cases.

TREATMENT AND HEALTH EDUCATION

During treatment further health education is provided. The early detection and prevention of the disease are talked about on a person-to-person basis. Pictures, flash cards and other exhibits are shown around the clinic.

The intention is to make the clinic *an interesting place.* Attendance at the clinic for treatment is also an educational visit. Every effort is made to create a relaxed atmosphere where the children feel comfortable, free to talk and ask questions. Full use should be made of children's natural curiosity.

ATTITUDE

The attitude of all concerned with the programme is very important. Leprosy is talked about like any other disease. Fear, dread or stigma are not mentioned at all. If a child or teacher appears to have any doubts or fears every effort is made to explain them away. This is done by a para-medical worker giving careful explanations. In doing so great stress is placed on scientific knowledge and understanding of the disease.

The disease is talked about openly and everyone is encouraged to ask questions and seek advice. *There is no need to be ashamed or afraid of leprosy.* Openness and a willingness to cooperate are essential in any leprosy control programme.

EFFECTS OF THE PROGRAMME

The most obvious result has been the voluntary reporting of 622 cases of leprosy, adults and children.

Of particular importance has been the attitude of teachers and children to the programme.

Teachers

Many teachers are now aware of the early signs of leprosy. As a result they have brought cases to our clinics for confirmation. A number of such cases did have leprosy.

The teachers are helpful and often accurate with their observations.

Children

The children are willing to cooperate and assist. They have shown little fear or reluctance about taking part in the programmes.

During survey many children came forward voluntarily. On seeing what the para-medical team are looking for, the children are quick to come and show hypo-pigmented lesions (paler skin patches) on their body. Some of these patches have turned out to be caused by leprosy, proving the keen and intelligent observation of the children.

At other times many children voluntarily come to show lesions on their bodies and those of friends and fellow students. They are eager to know if they have detected anaesthetic skin lesions and whether the tests they carried out for detecting and demonstrating anaesthesia were correct.

During survey and examination the children are keen to cooperate. Many assist by getting other children to form queues; by undressing them; giving their names, etc.

Attendance at the clinic for school children is good. Children are often heard persuading each other to attend regularly.

Perhaps the most vital aspect of the programme has been the development of *an open, free and cooperative attitude towards the detection and treatment of leprosy*. Without this the programme would not have succeeded to the extent it clearly has.